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CORRECTION

Sillesen H, Muntendam P, Adourian A, Entrekin R, Garcia M, Falk E, Fuster V. Carotid Plaque Burden as a Measure of Subclinical Atherosclerosis: Comparison With Other Tests for Subclinical Arterial Disease in the High Risk Plaque BioImage Study. J Am Coll Cardiol Img 2012;5:681–9.

Please note that in Tables 2 and 3, the data in the Plaque Burden rows was incorrect. Additionally, in Table 3, the data in the cIMT (Quartiles) row, Odds Ratio (95% CI) column, Q2 was incorrect. The revised tables are below:

Table 2. Findings in Each of the Imaging Modalities

CACS (N = 5,937)			
CACS 0 (n = 1,904)	CACS 1–100 (n = 1,721)	CACS 101–400 (n = 1,316)	CACS >400 (n = 996)
Plaque burden (N = 5,846)			
No plaque on either carotid artery (n = 1,318)	Tertile 1 (<1.69 cm^2) (n = 1,508)	Tertile 2 (1.69–5.35 cm^2) (n = 1,510)	Tertile 3 (>5.35 cm^2) (n = 1,510)
Carotid intima-media thickness (N = 6,086)			
Quartile 1 <0.65 mm (n = 1,449)	Quartile 2 0.65–0.73 mm (n = 1,568)	Quartile 3 0.74–0.83 mm (n = 1,496)	Quartile 4 ≥0.84 mm (n = 1,573)
Aortic diameter (N = 5,073)	<20 mm (n = 3,630)	20–25 mm (n = 1,330)	>25 mm (n = 113)
ABI (N = 6,042)			
0–0.59 (n = 36)	0.60–0.89 (n = 327)	0.90–1.29 (n = 5,451)	≥1.30 (n = 228)

ABI = ankle-brachial index; CACS = coronary artery calcium score.

Table 3. Results of Ordinal Logistic Regression Models Evaluating Association of Each Imaging Variable Individually With CACS

	Model 0				Model 1				Model 2			
	n	Odds Ratio (95% CI)	Wald Chi-Square	p Value	n	Odds Ratio (95% CI)	Wald Chi-Square	p Value	n	Odds Ratio (95% CI)	Wald Chi-Square	p Value
Plaque burden	5,688	T3: 8.04 (6.94–9.31) T2: 3.56 (3.10–4.10) T1: 1.89 (1.65–2.18)	858.8	<0.0001	5,688	T3: 5.60 (4.82–6.51) T2: 2.94 (2.56–3.39) T1: 1.78 (1.56–2.07)	547.3	<0.0001	5,662	T3: 5.13 (4.39–6.00) T2: 2.72 (2.35–3.15) T1: 1.69 (1.46–1.95)	461.1	<0.0001
cIMT (continuous)	5,923	1.37 (1.31–1.44)	158.7	<0.0001	5,923	1.15 (1.10–1.21)	31.7	<0.0001	5,894	1.14 (1.08–1.19)	24.0	<0.0001
cIMT (quartiles)	5,923	Q4: 2.49 (2.18–2.84) Q3: 1.64 (1.44–1.88) Q2: 1.28 (1.13–1.47)	202.1	<0.0001	5,923	Q4: 1.55 (1.35–1.78) Q3: 1.23 (1.08–1.41) Q2: 1.15 (1.00–1.31)	40.7	<0.0001	5,894	Q4: 1.46 (1.27–1.69) Q3: 1.21 (1.05–1.39) Q2: 1.13 (0.99–1.30)	28.5	<0.0001
Aortic diameter	4,940	1.30 (1.23–1.37)	94.5	<0.0001	4,940	1.06 (1.01–1.13)	4.8	0.029	4,916	1.05 (0.99–1.11)	2.9	0.091
ABI	5,879	2.11 (1.80–2.48)	83.0	<0.0001	5,879	1.78 (1.51–2.10)	47.8	<0.0001	5,850	1.65 (1.40–1.95)	35.2	<0.0001

Model 0 = univariate. Model 1 = model 0 adjusted for age and sex. Model 2 = model 0 adjusted for age, sex, race, total cholesterol, high-density lipoprotein cholesterol, systolic blood pressure, diastolic blood pressure, diabetes status, body mass index, and smoking status. Variables are defined as discussed in the Methods section. Categorical variable odds ratios are relative to lowest category. Odds ratio for ankle-brachial index (ABI) is relative to the category comprising values from 0.9 to 1.3, inclusive. The number of subjects available (n) is the intersection of all subjects having a coronary artery calcium score (CACS) (n = 5,937) and also complete on the indicated imaging parameter.

CI = confidence interval; cIMT = carotid intima-media thickness; Q = quartile.

Please note that the Plaque Burden histogram in Figure 2 was incorrect, the corrected figure is below:

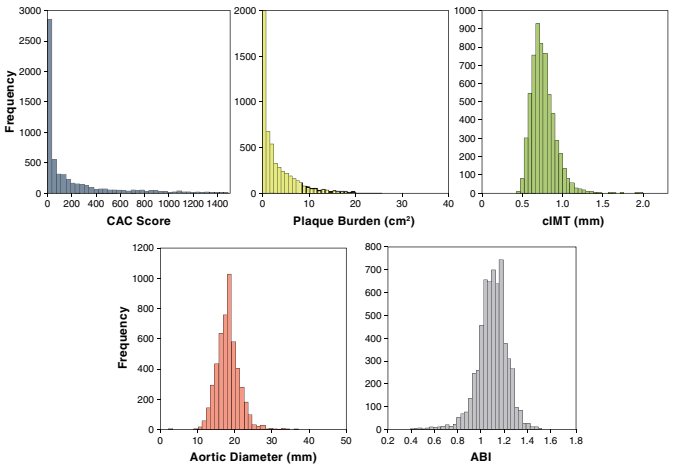

Figure 2. Distributions of Findings Using Different Imaging Modalities and ABI Measurement

Whereas carotid intima-media thickness (cIMT), aortic diameter, and ankle-brachial index (ABI) were normally distributed, coronary artery calcium (CAC) score, and carotid plaque burden were left skewed.

Please note that the Carotid Plaque Burden Total bar chart in Figure 3 was incorrect, the corrected figure is below:

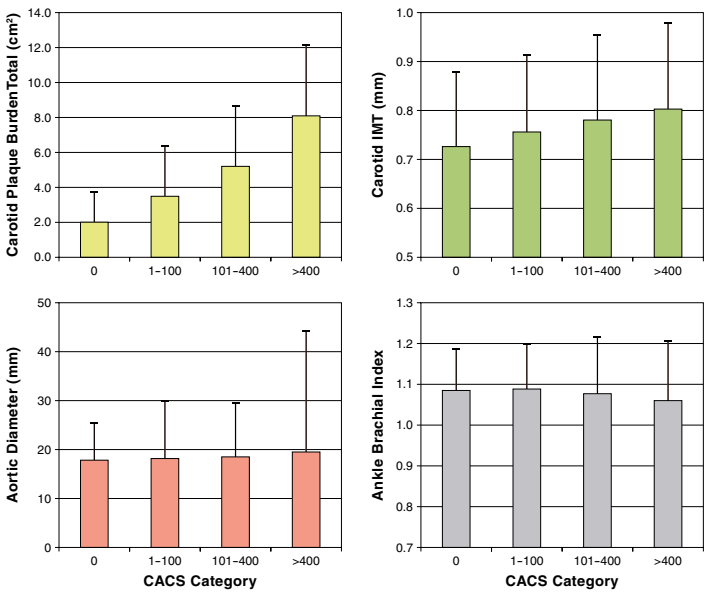

Figure 3. Findings in Different Imaging Methods and ABI Measurements Compared to CACS Groups

(Upper left) Carotid plaque burden. **(Upper right)** Carotid intima-media thickness (cIMT). **(Lower left)** Abdominal aortic diameter. **(Lower right)** Ankle-brachial index (ABI). CACS = coronary artery calcium score.

The authors apologize for these errors, however, the new and correct analysis does not change the interpretation of data and our conclusions remain the same. In fact, the statistics are strengthened slightly, showing an even stronger correlation between plaque burden and coronary calcium score.

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